N21900

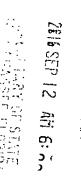
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





100290097261

09/13/16--01005--020 **35.00



SEP 17 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: N21900

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dina L Mills

Name of Contact Person

Abundant Life Christian Fellowship, Inc.

Firm/Company

4401 Georgetown Dr

Address

Jacksonville, FL 32210

City/State and Zip Code

dina.mills@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dina L Mills

,904

98-3448

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporate	, 617.0502, 607.1508, or 617.1508, Florida Statute ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida	3	_
1. The name of the corporation: Abundant L	ife Christian Fellowship, Inc		
2. The principal office address: 4401 Georg	jetown Drive		
Jacksonville, FL 32210			
3. The mailing address (if different): same			
4. Date of incorporation/qualification: Augus	t 5, 1987 Document number: N21900		
5. The name and street address of the current re- Florida Department of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	;	
Scott C. Becker			
4401 Georgetown Driv	/e		
Jacksonville, FL 32210	0	÷	52
6. The name and street address of the new regist (if changed):	tered agent (if changed) and /or registered office		SEP I
Gene Dillon - Trustee		42	2 1
5410 Nathan Hale Rd		رب شر. رب شر. رب شر.	₩ Ç
	O. Box NOT acceptable		3 (
Jacksonville, FL 3222		,f.,	
	the street address of the business office of its regis		gent,
	y adopted by its board of directors or by an office s been notified in writing of the change.	r so	
Signature of an officer or director	Dina L Mills Printed or typed name and title		
I hereby accept the appointment as registered I further agree to comply with the provisions of performance of my duties, and I am familiar w	**	egistered	1
Gener Hillon	August 30, 2016		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Dina L Mills	_		
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *